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|  <p style="text-align: center;">STATE OF WYOMING DEPARTMENT OF CORRECTIONS</p> <p style="text-align: center;">Policies & Procedures</p> | <p>Authority: Wyoming Statute <u>25-1-105(a)</u> ACA Standard <u>2-CO-4E-01; 3-4341; 3-4342</u></p> | <p>Policy # 4.300 _____ : Section 4.0 _____ : Part IV _____ Title: Keep On Person (KOP) Medication Program</p> |
| <p>Approved: _____ Judith Uphoff /ss/ Director Date Approved: <u>03/13/02</u></p> | <p>Effective Date: <u>January 11, 1999</u> Revised Date: _____ Supersedes Existing Policy # <u>4.300 Eff: 01/11/99</u> Next Review Due: _____</p> | |

I. Purpose

To establish a uniform procedure for allowing qualified inmate patients to keep certain medications in their possession in a safe and secure manner.

II. Policy

It is the policy of the Wyoming Department of Corrections (WDOC) to allow qualified inmate patients to keep formulary medications in their possession in a safe and secure manner. This policy may be implemented at the Warden/Superintendents' discretion.

III. Definitions

- A. Administration of medication: the direct application of a medication to the body of a patient whether given by injection, orally or any other means, e.g., single dose.
- B. Attending Physician: WDOC medical provider contract physician providing medical services at a WDOC correctional facility.
- C. Automatic Stop Order: after a predetermined length of time, a drug order

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|--|--|--|

is stopped unless:

1. The order indicates a specific number of doses to be given;
 2. An exact period of time for the administration of the medication is indicated; or
 3. The attending physician reorders the medication.
- D. Blister Pak: a heat sealed, multi-dose medication card designed to dispense single doses of the medication without contamination of the remaining doses.
- E. Controlled Substance: for the purpose of this policy only. Controlled substances are defined as narcotics, some psychotropics and prescription pain medications. This includes Schedule I - V (as defined by W.S. §35-7-1014 thru 35-7-1022) drugs and those not included in Schedules I - V but have small amounts of substances causing central nervous system depression or stimulation. These will not be included on the KOP formulary.
- F. Delivery/Distribution of Medication: to furnish other than by dispensing or administering packaged prescriptions which have been dispensed by the pharmacy service and given by licensed, professional medical personnel to the inmate patient for him/her to self-administer. These packaged prescriptions may not be opened nor repackaged by any non-licensed personnel. Packaged

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|--|--|--|

prescriptions are labeled by the pharmacy service with the inmate patient's name, ID number, name of medication, strength and dose. Delivery/distribution of these packaged prescriptions can be made only by licensed, professional personnel.

- G. **Director:** the individual appointed by the Governor as chief administrative officer of the WDOC, pursuant to §9-2-1706.
- H. **Dispensing Medication:** the provision of a prescribed medication in any amount greater than that necessary for the present and immediate needs of the patient, i.e., multiple doses.
- I. **Formulary:** a list of medications approved by the medical director for prescribing and administering to inmate patients and deemed not to be a threat to correctional facility security when used according to approved KOP guidelines.
- J. **KOP (Keep On Person):** a program which allows certain medications excluding controlled substances, some psychotropics, prescription pain medications and TB medications to be kept on person by the inmate patient for self-administration provided that inmate patient is approved for the program by the medical director.
- K. **Legal representative:** representative to the Wyoming Department of Corrections from the Office of the Attorney General.

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|--|--|--|

- L. Medical Director: physician employed by WDOC medical provider as the Director of all medical services for the four WDOC correctional facilities.
- M. OTC (Over the Counter) Medication: not a prescription medication, but requiring a written protocol to be provided to inmate patients.
- N. Psychotropic Medication: medication prescribed for the treatment of a specific mental illness, disease or defect.
- O. Qualified Inmate Patients: those inmate patients who are approved by the medical director to participate in the KOP program.
- P. WDOC - Wyoming Department of Corrections.

IV. Procedure

- A. Criteria for KOP Program
 - 1. Inmate patients must be approved for the program by the medical director or attending physician at each WDOC correctional facility.
 - 2. Only those medications approved by the medical director and the WDOC are available for KOP use.
 - 3. The KOP program will only be available to approved inmate patients in housing

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|--|--|--|

a r e a s a p p r o v e d b y t h e
Warden/Superintendent or designee and
attending physician at each WDOC
correctional facility.

B. KOP Participants

1. Only those inmates approved by the medical director or attending physicians and Warden/Superintendent or designee at each WDOC correctional facility will be allowed to participate in the KOP medication program.

2. The master list of KOP participants will be maintained in the medical department; updated lists will be provided to the Warden/Superintendent, security manager, unit managers and those involved in inmate supervision as the participant list changes.

3. Information provided shall be considered confidential, for management use only, and should not be discussed outside of inmate supervision issues (i.e. cell searches).

C. Dispensing

1. All prescription medication shall be packaged and prepared by the pharmacy service provided through the WDOC medical provider contract.

2. Approved prescription medication, excluding controlled substances, may be

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|--|--|--|

dispensed in quantities of up to a thirty (30) day supply to inmates approved by the medical director for the KOP program.

3. Inmates who have been prescribed medication for a chronic condition for one hundred twenty (120) days may have a one hundred twenty (120) days supply re-ordered, but will be dispensed in no more than thirty (30) day increments for the KOP program.

D. Administering

1. Thirty (30) day supplies of formulary medication may be delivered by licensed medical personnel (physicians and nurses) only.
2. Controlled medications shall be administered in single dose form by the physician or nurses only at the times ordered by the prescriber, and crushed as appropriate in a correctional setting. These include certain psychotropics.

E. Monitoring

1. Inmate patients approved for the KOP program may obtain prescription medication and/or refills by turning in the refill sticker, or submitting a health services request, one (1) week prior to the prescription expiring so the attending physician may review and renew the prescription if necessary.
2. If the inmate patient is determined at nurse

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|--|--|--|

sick call to need chronic medication, he/she will be scheduled for a regular appointment with the physician for follow-up and further evaluation.

3. All medication orders shall be reviewed by the medical director or attending physician no less than every one hundred twenty (120) days, and the inmate patient must be seen at least every one hundred twenty (120) days by the physician.
4. Inmate patients will be monitored for compliance with the KOP program on a random basis.

F. Documentation

1. All prescription medication will be documented under "progress notes" in the inmate patient's medical record.
2. All inmate patients participating in the KOP program will receive individualized instructions for taking the medication by the physician or nurse, and will sign a statement verifying such instruction has been received, that they understand the instructions, and also agree to abide by the criteria for the KOP program. This will be co-signed by medical staff.
3. All inmate patients participating in the KOP program will sign and date the Medication Administration Record when medications are issued. The Medication Administration Record will be co-signed

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|--|--|--|

and dated by the nurse each time a new supply of medication is received by the inmate patient.

4. Unused portions of medications shall be returned to the nurse within thirty (30) days after receipt. Failure to comply will result in the medication being deemed contraband. Loose pills, not in blister pak (excluding OTC medications), will be deemed contraband.
5. Medications prescribed on an as needed basis may be re-issued, if appropriate, if not used and not outdated.
6. All medications which are administered under the KOP program will be documented on the inmate patients Medication Administration Record. Medication Administration Records are updated monthly and proceeding months filed in the inmate patient's medical record.

G. Penalties for KOP Abuse

1. Inmate patients will be responsible to ensure their KOP medication is not lost or stolen.
2. Participation in the KOP program is a privilege. Any abuse of this privilege will result in:
 - a. immediate re-evaluation by the medical director;

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|--|--|--|

- b. self-administration privileges revoked;
- c. being returned to the pill call line for medication; and
- d. will be subject to disciplinary action.

V. Training Points

- A. Who approves an inmate to be on the KOP program?
- B. Where is the master list of KOP participants kept?
- C. What is the length of time approved prescription medications can be dispensed?
- D. What is done with unused portions of medications?

**KEEP ON PERSON (KOP) MEDICINES
WYOMING DEPARTMENT OF CORRECTIONS**

Dr: _____

Date: _____

ANALGESICS ANTIPYRETICS

Aspirin
Ibuprofen
Tylenol

ANTIBIOTICS

Orals ALL
Topicals
 Neosporin
 Bacitracin
 Tolfanate

CARDIOVASCULAR

All

DERMATOLOGICALS

Benzoyl Peroxide
Erythromycin lotion
Selsun
Coal Tar shampoo
Hydrocortisone
Calamine lotion
Ben Gay cream
Anusol and Anusol HC cream and suppositories

ANTI-HYPERLIPIDEMIC

All

OPHTHALMIC

Gentamycin 0.3% solution
Sodium Sulamyd 10% solution
Timolol 0.25% and 0.5%

NASAL

Ocean nasal spray
Vancerase nasal spray

KEEP ON PERSON (KOP) MEDICINES
WYOMING DEPARTMENT OF CORRECTIONS

Dr: _____

Date: _____

STEROIDS

Prednisone (All strengths)

METABOLICS

Diabetic Oral (All)

Thyroid

Synthroid (All strengths)

Multiple Vitamins

Azulfidine

GASTRO-INTESTINALS

Anti-diarrheals

Pepto-bismol

Kao-pectate

Tagamet

Zantac

Antacids (All including Simethicone)

Metamucil

Dulcolax Suppositories

Colace

Surfak

RESPIRATORY

Inhalers (All including steroid inhalers)

Robitussin DM (3 day supply)

UROLOGICAL

Pyridium

FEMALE

Anti-fungal creams

Vaginal suppositories

Wyoming Department of Corrections
Inmate KOP Agreement

The inmate must read this agreement when he/she begins the KOP program. Each time the inmate receives a new card of medication, he/she must sign and date the Medication Administration Records (MAR) form next to the space where medications are listed. This record will be retained in the inmate's medical record.

I have received instructions for taking medications under the KOP program by the nurse. I understand it is my responsibility to see that my medication is not lost or stolen. I understand that participation in the KOP program is a privilege and if my medication is lost, stolen or otherwise misused, I may be withdrawn from the program. I understand I will be monitored for compliance with KOP program rules. I am responsible for bringing the refill sticker to the nurse one (1) week prior to the prescription expiring for renewal of the prescription if necessary. I understand that any unused medication must be returned to the nursing staff thirty (30) days after I receive it, and that any medications kept after the thirty (30) days will be considered contraband. All medications will be returned at nurse call and documented by the nursing staff. Further, I understand that any misuse or abuse of this KOP program privilege will result in disciplinary action against me.

Inmate Signature _____
Date _____

Nurse Signature _____
Date _____